



Texas Department of Agriculture
Organic Certification Application

ROR-600

TODD STAPLES, COMMISSIONER

SECTION A	¹TYPE OF APPLICATION			
	<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership - previous account/certificate number: _____	
	²CERTIFICATION CLASSIFICATION (check all that apply)			
	<input type="checkbox"/> Land Producer - Complete Section F		<input type="checkbox"/> Livestock Producer - Complete Section G	
	<input type="checkbox"/> Processor (On-Farm) - Complete Section H, #1		<input type="checkbox"/> Retailer - Complete Section I	
	<input type="checkbox"/> Processor Fiber - Complete Section H, #2		<input type="checkbox"/> Distributor - Complete Section J	
	<input type="checkbox"/> Processor (Commercial Food or Feed) - Complete Section H, #3			
	³BUSINESS TYPE			TDA USE ONLY
	<input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietorship	
	<input type="checkbox"/> Limited Liability Co.		Client No.	Account No.
<input type="checkbox"/> Limited Partnership		Date (mm/dd/yyyy)	Initials	
<input type="checkbox"/> General Partnership				
⁴CLIENT INFORMATION				
Full legal business name (owner's name if sole proprietor - no aliases)				
D.B.A. (if applicable)				
Comptroller Taxpayer ID No. (In-state businesses)		Federal ID No. (Out-of-state businesses and nonprofit org.)		
SOLE PROPRIETORSHIP ONLY				
<input type="checkbox"/> Driver License No. _____		<input type="checkbox"/> TX		
<input type="checkbox"/> State Issued ID No. _____		<input type="checkbox"/> Other _____ (if DL is not available)		

SECTION B	¹RESPONSIBLE PERSON INSTRUCTIONS			
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:			
	<ul style="list-style-type: none"> • For a corporation, limited liability company, or cooperative, the president or CEO, • For a limited or general partnership, the managing partner or general manager, • For a sole proprietorship, the owner, • For any other type of business, the general manager. 			
	²RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M.I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
Phone No. () - Ext.		E-mail		
³RESPONSIBLE PERSON MAILING ADDRESS				
Address				
City		State	Zip	

Legal Business Name: _____

SECTION C	¹PERSON TO CONTACT FOR LICENSE-RELATED MATTERS			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M.I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
	Title		Primary Phone () - Ext.	
	Secondary Phone (optional) () - Ext.		Fax (optional) () - Ext.	
E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
²MAILING ADDRESS				
Address				
City		State	Zip	

SECTION D	¹FACILITY INFORMATION			
	Facility Name			
	²PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES or EQUIPMENT			
	Address (No P.O. Box)			
City		State	Zip	County
Directions to Physical Location if address above is difficult to find				

SECTION E	¹OUT-OF-STATE APPLICANTS ONLY		
	An applicant for an Organic Certification whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent with Texas. If the address provided in Section B is out of state, resident agent information is REQUIRED.		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address		
City		Zip	Business Phone () -

Legal Business Name: _____

SECTION F	¹LAND PRODUCER (check all that apply)
	<input type="checkbox"/> Fields In Crop Production: Organic acres: _____ Transitional acres: _____ Total Organic and Transitional acres: _____
	<input type="checkbox"/> Fields Not In Crop Production: Organic acres: _____ Transitional acres: _____ Total Organic and Transitional acres: _____
	<input type="checkbox"/> Greenhouse/Indoor Production: Organic Sq. Ft: _____ Transitional Sq. Ft: _____ Total Organic and Transitional Sq. Ft: _____

SECTION G	¹LIVESTOCK PRODUCER (Land/Herd information) (check all that apply)
	<input type="checkbox"/> Cattle, Horses: No. of Head _____ Actual acreage available to livestock: _____
	<input type="checkbox"/> Goats, Swine, Sheep No. of Head _____ Actual acreage available to livestock: _____
	<input type="checkbox"/> Avian Species (Chicken, Turkey, or other Poultry) No. of Head _____ Actual acreage available to livestock: _____
	Is land/facilities used for livestock production organically certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, you must apply for certification as a Land Producer with either TDA or a private certifier. If Yes, what is your organic certification number? _____

SECTION H	¹PROCESSOR (ON-FARM) (must be certified as an organic producer) (check all that apply)
	<input type="checkbox"/> On-Farm Food Processing
	<input type="checkbox"/> On-Farm Feed Processing
	<input type="checkbox"/> On-Farm Milk Processing
	²PROCESSOR FIBER
<input type="checkbox"/> Cotton Ginning <input type="checkbox"/> Textile Manufacturing	
³PROCESSOR (COMMERCIAL FOOD OR FEED)	
<input type="checkbox"/> Commercial Food Processor <input type="checkbox"/> Commercial Feed Processor	

SECTION I	¹RETAILER
	Number of stations for in-store processing of organic products: _____ Please note, retailers are exempt from organic certification under the National Organic Program Regulations. However, if you plan to label products that were made in-store with the 'USDA Organic' seal or 'Certified Organic' statement, you are required to become certified under the National Organic Program Regulations.

Legal Business Name: _____

SECTION J	¹DISTRIBUTOR	
	<input type="checkbox"/> Broker/Trader (check all that apply)	
	<input type="checkbox"/> Food Products <input type="checkbox"/> Feed Products <input type="checkbox"/> Fiber Products	
	<input type="checkbox"/> Warehousing/Storage (check all that apply)	
<input type="checkbox"/> Food Products <input type="checkbox"/> Feed Products <input type="checkbox"/> Fiber Products		
<input type="checkbox"/> Packing/Grading/Sizing (check all that apply)		
<input type="checkbox"/> Food Products <input type="checkbox"/> Feed Products		

SECTION K	¹PAYMENT	
	See instructions for applicable fees.	
	CERTIFICATION IS NOT VALID UNTIL APPROVED BY TDA	
	Method of Payment (payable to Texas Department of Agriculture)	
	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
TDA USE ONLY	Receipt No. _____ Date Receipt Issued _____	

SECTION L	¹PREVIOUS CERTIFICATIONS	
	Have you previously applied for organic certification with another certifier? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes:	
	1. List the name(s) of any organic certifying agent(s) to which application has previously been made:	

	2. List year(s) when application(s) was submitted: _____	
	3. Outcome of the application(s) submission: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn	
	If applicable, attach:	
A. Copy of any certification conditions, notification of noncompliance or denial of certification issued to the applicant		
B. Description of actions taken to correct the noncompliance or to meet certification conditions		
C. Evidence of such correction		

Legal Business Name: _____

¹SIGNATURE					
SECTION M	<p>The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler (employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.</p>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Applicant Name</td> <td style="padding: 5px;">Title</td> </tr> <tr> <td style="padding: 5px;">Applicant Signature</td> <td style="padding: 5px;">Date / / month day year</td> </tr> </table>	Applicant Name	Title	Applicant Signature	Date / / month day year
	Applicant Name	Title			
Applicant Signature	Date / / month day year				

¹CHECKLIST	
SECTION N	<p>Please use this checklist to ensure you are sending all of the necessary information and documents. Organic standards require you to keep a copy of your application and all supporting documentation for your files.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Organic Certification Application <input type="checkbox"/> Fees (see instructions for assistance with calculating the correct fee) <input type="checkbox"/> All applicable supporting documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Land Producer - ROR-607 Producer Organic System Plan <ul style="list-style-type: none"> <input type="checkbox"/> ROR-621 Previous Land Owner/Manager Affidavit for Organic Land Certification (if applicable) <input type="checkbox"/> ROR-622 Seed and Planting Stock Disclosure (if applicable) <input type="checkbox"/> Livestock Producer - ROR-603 Livestock Organic System Plan <ul style="list-style-type: none"> <input type="checkbox"/> ROR-623 Organic Livestock Dry Matter Worksheet (if applicable) <input type="checkbox"/> ROR-624 Organic Livestock Outdoor Access Calendar <input type="checkbox"/> Processor (Food and Feed) - ROR-606 Processor (Food and Feed) Organic System Plan <input type="checkbox"/> Processor (Fiber) - ROR-604 Processor (Fiber) Organic System Plan <input type="checkbox"/> Distributor - ROR-602 Distributor Organic System Plan <input type="checkbox"/> Retailer - ROR-608 Retailer Organic System Plan
	<p>Please note that an incomplete application will result in processing delays.</p>

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)